



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

Email Address: youssef.zaknoun@ssfhs.org

Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$307459591
Outpatient Patient Service Revenue	\$628649466
Total Gross Patient Service Revenue	\$936109057

2. Deductions From Revenue

Contractual Allowance	\$636125623
Other Deductions	\$34663062
Total Deductions	\$670788685

3. Total Operating Revenue

Net Patient Service Revenue	\$265320372
Other Operating Revenue	\$16663641
Total Operating Revenue	\$281984013

4. Operating Expenses

Salaries and Wages	\$112037326	Employee Benefits	\$27396501
Depreciation and Amortization	\$22816024	Interest Expense	\$10217961
Bad Debt	\$0	Other Expenses	\$110585061
Total Operating Expenses	\$283052873		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1068860	Total Assets	\$422349485
Net Non-operating Gains over Loss	\$-13482206	Total Liabilities	\$422349485

Total Net Gains	\$-14551066
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$427139155	\$347246933	\$79892222
Medicaid	\$209311644	\$131113207	\$78198437
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$299658257	\$192428545	\$107229712
Total	\$936109056	\$670788685	\$265320371

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6429	\$-6429

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$91856	\$-91856
Hospital Patients	\$0	\$0	\$0
Community Education	\$216	\$64716	\$-64500

Number of Medical Professionals Trained	28
Number of Hospital Patients Educated	937
Number of Citizens Exposed to Health Education Messages	4967

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9247724	
HCI Payments	\$0		
Subtotal	\$0	\$9247724	\$-9247724
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	(\$7,838,970)		
Subtotal	\$-7838970	\$0	\$-7838970
Medicare Shortfalls	\$0	\$41774664	
Other Government Programs	\$0	\$0	
Total	\$-7838970	\$41774664	\$-49613634

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$18849965	\$30158113	\$-11308148
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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